

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09/856277</b>	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	1						51			
2		1					52			
3		2					53			
4		①					54			
5	1						55			
6		1					56			
7		1					57			
8		2					58			
9			1				59			
10				1			60			
11				1			61			
12				1			62			
13			1				63			
14				1			64			
15				1			65			
16				1			66			
17				1			67			
18				1			68			
19							69			
20							70			
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41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.		↓	2	↓		↓	TOTAL IND.		↓	
TOTAL DEP.		↓	3	↓		↓	TOTAL DEP.		↓	
TOTAL CLAIMS			10				TOTAL CLAIMS			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS